

Possibilities North East Limited

Office NE

Inspection report

1 Holmlands Park
Chester Le Street
County Durham
DH3 3PJ

Date of inspection visit:
30 September 2021
18 October 2021

Date of publication:
19 January 2022

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Office NE is a domiciliary care service which provides personal care to people living in their own homes. At the time of our inspection the service was providing support to seven people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where services provide personal care we also consider any wider social care provided.

People's experience of using this service and what we found

Since the last inspection the registered manager had retrospectively addressed some of our concerns regarding the recruitment of staff. Further improvements were required to ensure the registered manager had the full employment history of staff they employed. The registered manager had not provided CQC with a report in the specified time frame to explain how they intended to improve their service. We had requested this action plan following the previous inspection.

People told us they felt safe with the carers looking after them. Staff understood their role in safeguarding people. They administered people's medicines in a safe manner and had a plentiful supply of PPE. One person said they were, "Properly looked after." The registered manager had learned lessons about how to improve their service, although further improvements in some areas were required.

The registered manager had made improvements to their governance arrangements and designed systems to have better oversight of the service. Records showed staff had completed training relevant to their role. Policies had been reviewed and made more appropriate for the current service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2021) when there were multiple breaches of regulation. We served a warning notice on the provider and requested an action plan. The provider failed to complete an action plan after this last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We carried out an inspection of the service in April 2021 and breaches of legal requirements were found. As a result of our findings we served a warning notice on the provider and requested an action plan. We

undertook this inspection to check whether the warning notice we served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to check if improvements in the key question of safe had been made.

This report only covers our findings in relation to the key questions safe and well-led. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

Although we found no evidence during this inspection that people were at risk of harm, we have found evidence that the provider needed to make further improvements. Please see the safe and well-led key question sections of this full report.

You can read the report from our last inspection, by selecting the 'all reports' link for Office NE on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe recruitment and good governance. We are able to publish requirement actions of enforcement at the time of the report being published.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Office NE

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are the same person. A registered manager and a provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We spoke with the registered manager to give a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. The registered manager was not available at the proposed time. We arranged to visit at a later date.

We began by asking the registered manager to send us information on 1 September 2021 regarding the warning notice. After reviewing the information, we decided to carry out an inspection. Inspection activity began on 30 September and ended on 25 October 2021. We visited the office on 30 September and 18 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager and sent questionnaires to staff to seek their views. We received eight responses to our questionnaire.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who had made referrals to the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff in a safe manner. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The registered manager had made some improvements to recruitment and obtained retrospective references for staff they had employed prior to our last inspection.
- Since the last inspection, two new members of staff had been employed. A reference obtained for one person did not follow the legislative requirements.
- The application form used by the provider gave prospective staff guidance on naming referees if they had previously worked with children and young people, but it did not include working with adults.

Failure to manage safe recruitment has led to a continued breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager provided evidence they had changed the application form to request suitable references where staff had previous experience of working with adults.

Systems and processes to safeguard people from the risk of abuse

- Staff were appropriately trained in safeguarding to protect people from abuse. They said they would be confident in raising safeguarding concerns with their manager. One staff member said, "Yes I would be confident, any concerns I feel I have. I find the (registered) manager approachable. I have had training to recognise and act accordingly on any whistle-blowing and safeguarding issues."
- People told us they felt safe with staff. One person said they felt "Very safe" and said they would tell them if they were not safe.

Assessing risk, safety monitoring and management

- Systems were in place for staff to assess and monitor risk to people. Staff carried out assessments of people's personal risks and documented the steps required to prevent accidents and incidents. One relative said, "They look after him. The carers know what they are doing."

- Each person had a risk assessment carried out on their home to see if safety improvements could be made and carers were safe to enter and work.
- Relatives gave feedback to the registered manager using questionnaires and reported their family members were safe with the staff.

Using medicines safely

- Medicines management was undertaken in a safe manner. The registered manager had updated their medicines policy in line with their current business.
- Staff completed medicines administration records and documented when they had administered medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People confirmed staff wore PPE whilst providing their personal care.
- We were assured that the provider was accessing testing for people using the service and for staff.

Learning lessons when things go wrong

- Following the last inspection the registered manager had learnt some lessons in relation to staff recruitment. There had been no further incidents of things going wrong since the last inspection which required a review and lessons to be learnt.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection, systems were either not in place or robust enough to demonstrate the service was well-led. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to findings at this inspection further improvement was required and the provider was still in breach of regulation 17.

- Following the last inspection, we required the registered manager to submit an action plan to tell us how they intended to improve the service. Registered managers are required to send to the Commission any plans they have for improving the standard of the services provided to service users with a view to ensuring their health and welfare. The provider did not send us the action plan within the specified time period.

Systems were still either not in place or robust enough to demonstrate the service was well-led. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made improvements to the policies and procedures which showed greater clarity about roles in the service. The policies were more fitting to the current service provided.
- Since the last inspection the registered manager had signed up to an online training provider. Staff were completing training relevant to their role. The registered manager used the online training system to allocate training to staff and monitor the training completion.
- The registered manager had employed a person responsible for carrying out audits to measure the quality of the service. They had carried out questionnaires with people. Feedback from people who used the service was positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture at the service. People's care was provided by the same consistent group of care staff. Records showed staff knew what was required to meet people's needs.
- Staff reported feeling positive about working for the service. They described the registered manager as 'approachable', 'supportive' and 'friendly'.

- People who used the service and relatives described good outcomes. They felt staff were helpful and met their needs. One person said they were 'happy' with the service whilst another person described the service as 'great' and staff "Became part of the family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the need to be open and honest when something goes wrong. There were no circumstances since the last inspection where the registered manager was required to act on the duty of candour.

Continuous learning and improving care

- Since the last inspection the registered manager had made improvements to their recording of governance arrangements. They had devised an electronic system to monitor different aspects of the service.
- The registered manager had introduced an online recording system for people's care plans. Staff were able to record online their calls to people and the care they delivered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place to involve people in the service. Staff confirmed they had been involved in team meetings where they could share ideas.
- People were involved in describing their care needs and agreeing how staff were to support them.

Working in partnership with others

- Staff worked well in partnership with other professionals and relatives to assess people's needs and design appropriate care provision for people.
- The registered manager had worked in partnership with professionals to ensure a person who had challenged previous care providers was able to continue with their service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed at the request of the Commission to submit a report explaining any plans that they had for improving the standard of the services provided to service users with a view to ensuring their health and welfare. Regulation (17)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate effective recruitment processes. Regulation 19 (2).</p>